

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH
DMH Access Request Approved/Denied In Part Letter

Date: _____

To: _____

Re: Request to Access protected Health Information Approved in Part and Denied in Part

Dear _____:

The Department of Mental Health (DMH) received the attached request from you to inspect and/or copy Protected Health Information (PHI). (ATTACH A COPY OF THE REQUEST FORM.)

☐ Your request is approved in part

Specifically, access will not be provided to _____
_____ for the following reason(s):

The rest of the requested PHI will be available for inspection or pick-up, as requested, at the following DMH location:

To set up a time to review or pick-up the PHI, please call _____ phone _____

☐ There is a fee for copying the requested PHI.

The fee is \$_____. Payment can be by cash, check or money order made payable to the Commonwealth of Massachusetts.

- To pick up the PHI, please call me at the number below to arrange a time. Payment must be made at time of pick up.
- For PHI that will be mailed, please send a payment (check or money order only) to: _____
_____. The copies will be mailed to the requested address upon receipt of payment.

If you want to modify or withdraw your request, or to appeal the fee charge, please call me.

Sincerely,

Signature: _____ Title: _____

Print name: _____

Address: _____

Telephone: _____

☐ You have the right to appeal this denial. Your appeal must be in writing, with specifics as to why you should be given access, and sent to: _____

☐ You do not have the right to appeal this decision.

You can file a complaint with: DMH Privacy Officer, 25 Staniford Street, Boston, MA. 02114 (617) 626-8160 and/or the Office for Civil Rights, U.S. Secretary of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203
